

Updated June 30, 2022

Frequently Asked Questions (FAQ): **School-based Mental Health Services**

Billing

Q.1: Would someone with an associate-level license bill using the H1 (licensed) modifier or the H2 (unlicensed) modifier?

Answer: An individual with an associate-level license [for example, a Licensed Professional Counselor Associate (LPCA)] would use the H2 modifier until they obtain their full independent licensure.

Q.2: Where are required qualifications be found for supervisors of mental health professionals and will reimbursement rates be based on staff qualifications?

Answer: Supervision requirements are explained in the [Local Education Agencies \(LEA\) provider manual](#). The reimbursement rate will differ for licensed and unlicensed clinicians as depicted in the [School-based Mental Health Services Fee Schedule](#).

Q.3: Do the third-party liability (TPL) policies described in the contract titled “For the Purchase and Provision of RBHS in Local Education Agencies” extend to all services or just RBHS?

Answer: The TPL policies described in the Contract only apply to RBHS delivered in school settings.

Q.4: How do we get a contract with SCDHHS for adding RBHS services?

Answer: Contracts were emailed to all school district superintendents on June 21, 2022. A timeline of this and other important dates is [available on SCDHHS’ website](#).

Q.5: Does the alternative fee schedule cover applied behavior analysis (ABA) services from a Board Certified Behavior Analyst® (BCBA®), Board Certified Assistant Behavior Analyst® (BCaBA®) or Registered Behavior Technician® (RBT®)?

Answer: No, the alternative fee schedule applies to the RBHS services outlined in the LEA provider manual

Q.6: Can school districts already providing RBHS bill for Psychosocial Rehabilitation Services (PRS) (H2017)?

Answer: Yes, school districts providing RBHS prior to July 1, 2022, can still provide the full array of RBHS; however, only the six services included in [Medicaid bulletin 22-009](#) will be reimbursed at the enhanced rates.

Q.7: What are the changes to crisis management (CM)? Can we bill for CM without a diagnostic assessment (DA) already in place?

Answer: Two CM services can be billed prior to a DA being required. After the second CM service is rendered, a DA must be completed prior to performing any other services.

Q.8: How should school districts document supervision? What is expected to be on the supervision log?

Answer: Please see the “Supervision of Staff” section of the [LEA provider manual](#) for documentation requirements. SCDHHS will provide additional training on this topic.

Q.9: Can a Licensed Master Social Worker (LMSW) sign a DA as a Licensed Practitioner of the Healing Arts (LPHA)?

Answer: No, an LMSW will need a co-signature from an LPHA on the DA.

Q.10: Will the LMSW use the H1 or H2 modifier since the LMSW is not licensed at the independent level?

Answer: An LMSW should bill using the H2 modifier.

Q.11: Will school districts be allowed to provide psychological testing and evaluation?

Answer: Yes. School Psychologists and Licensed Psycho-Educational Specialists (LPES) can provide this service; and will be reimbursed through the standard RBHS fee schedule, which is available on [SCDHHS’ fee schedule page](#).

Q.12: Who can establish medical necessity?

Answer: An LPHA must be used to confirm medical necessity.

LPHA includes:

- Licensed Physicians
- Licensed Psychiatrists
- Licensed Psychologists
- LPES

- Licensed Advanced Practice Registered Nurses (APRN)
- Licensed Independent Social Workers —Clinical Practice (LISW-CP)
- Licensed Physician Assistants (PA)
- Licensed Professional Counselors (LPC)
- Licensed Marriage and Family Therapists (LMFT)

Contracting

Q.1: Can school districts use a hybrid model for staffing?

Answer: Yes, South Carolina school districts can use a combination of:

- Continuing to utilize the South Carolina Department of Mental Health (DMH) by contracting with DMH who will then bill South Carolina Healthy Connections Medicaid;
- Hiring their own counselors and bill Healthy Connections Medicaid directly; or,
- Contracting with a private provider who will bill Healthy Connections Medicaid directly.

Q.2: Is every school district required to provide RBHS in some way?

Answer: SCDHHS' goal through its school-based mental health services initiative is to ensure these services are available at every school in the state; however, school districts are not required to provide RBHS.

Q.3: Do school districts need to sign a new contract if they are already contracted with DMH?

Answer: Yes, a newly signed contract between the school districts and SCDHHS is required.

Q.4: Are school districts required to provide RBHS for a 12-month period?

Answer: The alternative fee schedule published by SCDHHS was designed to support access to RBHS for South Carolina children throughout the calendar year. SCDHHS will monitor school districts implementation plans in accordance with agency's goal of ensuring continuous access to care; however, school districts have the discretion to establish a service period of less than 12 months.

Reporting

Q.1: On the Contract Implementation Report, how do we record information for a provider who serves multiple schools?

Answer: If a provider renders services in more than one school, their information will need to be entered in the “Individual Provider Information” section for each school they serve. For example, if a provider serves three schools, the provider’s information will need to be entered into the report three times (once for each school they serve).

Provider Enrollment

Q.1: Will a school district need to enroll with South Carolina Healthy Connections Medicaid prior to providing RBHS?

Answer: No. All South Carolina school districts are already Healthy Connections Medicaid-enrolled providers. A signed contract with the South Carolina Department of Health and Human Services (SCDHHS) is all that is needed for the initiation of RBHS. A timeline of important dates is [available on SCDHHS’ website](#).